DOCUMENT RESUME

ED 130 795 PS 008 938

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TITLE Should the Six Year Old Have the Vote.
PUB DATE Sep 76
NOTE 15p.; Paper presented at the Annual Meeting of the American Psychological Association (84th, Washington, D. C., September 3-7, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Child Advocacy; *Childhood Needs; Children; *Child Welfare; *Emotionally Disturbed; Health Needs; Medical Associations; Medical Services; *Mental Health Programs; *Mental Illness; Parent Education; Political Influences; Psychiatric Services; Psychopathology; *Public Health
IDENTIFIERS Pediatrics; Society of Pediatric Psychology

ABSTRACT

A plea for the improvement of mental health services for children is presented in this paper, which claims that children's needs in general are not adequately recognized. Quoting from a report of the Joint Commission on Mental Health of Children, the paper cites growing concern over the number of mentally ill and emotionally disturbed children in the United States and increasing dissatisfaction with availability of mental health services. The history of adult treatment of children in the United States is reviewed, noting the establishment of pediatric medicine in the latter 19th century. It was not until the 1950's, however, that children's mental health began to emerge as an area of significant concern. Attitudes of the education, psychology and medical professions towards children are reviewed, and political and economic factors discussed. The establishment and growth of the Society of Pediatric Psychology is described, and a plea made for the establishment in the American Psychological Association of a division dealing specifically with children. (BF)

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SHOULD THE SIX YEAR OLD HAVE THE VOTE

"The easiest people to ignore in American Society are children. They usually accept being cheated with equanimity. They don't strike; they are just there." This quote from Senator Walter Mondale on ABC News in July of 1974 points out the plight of American children. They have no voice in the halls of the mighty. They not only don't strike - they belong to no guild or union - they do not have the vote. This lack of franchise makes them powerless in our society without the advocacy of organized voters. It is a common belief that everyone is "for children," yet one must look at this "belief" with a critical eye. The facts of political life suggest that the unorganized and unfranchised are unrecognized. The truth is that people want to believe they are concerned about children because this concern is good - like apple pie, baseball and Chevrolet. However, baseball has a lobby in Congress, so does Chevrolet and the apple growers. It would be unwise to pit the needs of children against the forces of General Motors in a legislative contest. Children represent neither campaign contributions nor votes. I do not believe the plight of children is a peculiar fault of our politics but our politicians represent "us" and maybe this is the message. The legislators do little because the people of this country accept that from them.

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The first paragraph of the Report of the Joint Commission on Mental Health of Children makes an interesting point in this question - "For the last 50 years there has been a growing concern over the number of mentally ill and emotionally disturbed children in the United States and an increasing dissatisfaction with the unavailability of mental health services. When the previous Joint Commission on Mental Illness and Health, for unavoidable (emphasis mine) reasons, was unable to cover this important area, both professional and

concerned citizen groups pressed for a study of the mental health needs of children. The acute necessity for such knowledge was painfully brought into public awareness by President Kennedy's assassin, who had been diagnosed a mentally disturbed child for whom treatment was never obtained."

This quote raises two interesting points - first, would the "unavoidable reasons" have existed if children were voters and could not easily be ignored; and,second, was the public response linked to its concern for itself rather than for the children - this is, were they stirred by the act of a neglected child - person against an adult.

There is an inconsistency between what we espouse as our priorities for children and the results of our efforts and concerns to meet these priorities. The inconsistency is not often acknowledged and seems never to be examined. Why? Maybe in our adult role we can't look at our reasons honestly or realistically. Writing in Children Today Dr. Albert J. Solnit reacted to this parodox and stated: "Adults have deeply ingrained, irrational reservations about the primacy of children's needs because they expect to be replaced by them. At the same time, adults have a deep love and concern for children because parents hope their children's lives will fulfill their own values and aspirations. Unwittingly, in this way, parents express their wishes for immortality and reduce their fear of death. Thus, parents universally experience children as representatives of their mortality as well as their immortality. In each subculture certain ethnic, political and social patterns of a given historical period will reflect the balance of these parental attitudes through the priorities assigned to the societal resources provided for children". This may focus on the ambiguity of adults' response to children's needs. Our society is resolving a political system problem. We are concerned about the use and abuse

of power in our political system. The economy, unemployment, political corruption, international relations, defense positions and senior citizens are the issues that predominate. They are adult issues and children's programs have been relegated to standby status. The Bicentennial is over - it is interesting to see us boast of our age while we ignore our future - but the Bicentennial preoccupation gives us a justification for looking at the position of children in America. What has been the progress of children in this country over two hundred years in key areas such as welfare or social services, health, education and our own interest - psychology. The initial societal response to the welfare of children reflected as a simplistic answer to the problem - children were property or chattels. Children in need of care or assistance were indentured and provided a means of existing by virtue of their modeling after a productive adult. When a child was a problem or having trouble, we reacted by trying to stop the child from being a child and make him an incipient adult. If a child was "in danger to grow barbarous, rude and stubborn and so prove pests instead of blessings," they were indentured or made apprentices to keep them from causing discomfort to adults. If we made them like us - quickly - we wouldn't have to think of their special needs. Indeed, the industrial revolution may have carried this "virtue" to a peak when we routinely put children side by side with adults in fields, shops or factories. It was only slowly that special resources for children became an accepted part of our social care system. The first orphan asylum under government auspices was founded in 1790 and its aim was to support, educate and maintain the children in need. The first day care center in this country was established around 1854 and, as today, it aimed to provide care for the child of the working mother. Twenty years later - 1874 - the New York Society for the Prevention of Cruelty to Children was founded. The

founding is alleged to have been triggered by a case of child abuse in which the abused child had to be legally treated as an animal in order to find a means to have the society intervene to provide relief for her situation. Just over a hundred years later we are still grappling with the battered child syndrome. It wasn't until 1912 that Congress officially recognized the responsibility of the government for the welfare of children by passing legislation establishing the Children's Bureau. This act provided an official impetus to identifying the problems of children and establishing them as a national concern. The Sheppard-Towner Act of 1921 set up a precedent of federal grants to support children's health programs for "the promotion of the welfare and hygiene of maternity and infancy". In 1935 the Social Security Act - Title V - was passed which provided programs for maternal and child health, crippled children, and child welfare. It took almost 160 years for this country to move to a social welfare program that had a concern for unique aspects of children's needs and to try to provide special services for them. The medical approach to children is an interesting parallel to the social system's approach. Historically, medicine was concerned with adults and children were seen as small adults and were treated much the same as adults. Dr. William Dewees published an article in 1825 dealing with the physical and medical problems of children which is usually considered the earliest major paper in America on the subject. It was 25 years later in 1850 when hospitals exclusively for children were established. In 1857 Dr. Abraham Jacobi was teaching what would be considered "pediatric medicine" in New York and in 1870 he became professor of Pediatrics at Columbia. Ten years later the AMA established a section of Pediatrics. It is relevant to note that it wasn't until 1930 that the American Academy of Pediatrics was founded. This came

about because of a split between the group in AMA in the Section of Pediatrics who favored the Sheppard-Towner Act and the ruling AMA's House of Delegates who apposed the Act.

It was really the 1950's before children's mental health began to emerge as a significant concern. The Midcentury White House Conference on Children and Youth had a theme of the total well being of the child but had a major focus on the mental and emotional development of the child. In 1954 the Children's Bureau published A Healthy Personality for Your Child and emphasized mental retardation. The Kennedy era brought the nation a new concern for the handicapped child and led to a proliferation of programs aimed at children. This well may have been the peak of the nation's response to children for the succeeding years seemed to have failed to sustain this committment.

Education seems to have cycled its focus on children's needs. The early emphasis was authoritarian and adult dominated followed by an era of child centered theory and then another shift to professional domination. If one considers educational theory in America, it started in a strict teacher dominated environment that was elitist and unresponsive to individuals. Murray Levine writing on the role of achievement tests traces much of this history and suggests that most of the change was for the convenience of the system rather than the benefit of the student. The introduction of a grade system put the emphasis on the role of social class in our society. The early experience of this system made the lower classes less likely to pass in school and less likely to stay in school. The use of the achievement test gave a "scientific" justification to the failures of the educational system. It helped no student but could do harm. Levine says that the testing movement was important to education and psychology in that it provided psychology with an aura of scientific precision and in education it provided "a defense against professional

encroachment by laymen and politicians".

Current educational organization is hardly based on child centered pedagogical or psychological theory. In the most part, it is part of an adult designed administrative system that is convenient for adults.

I wish I could say that psychology took a different, more sensitive path in its response to children but that would be inaccurate. Psychology may be more culpable than the other professions in that its origins were more child centered than the others. The early influences from Europe dealt with the Wild Boy of Avignon, Maria Montessori and Sequin. In America clinical psychology was identified with Lightner Witmer who was active in 1896 and dealt almost exclusively with children. Routh points out that Witmer was really the earliest Pediatric Psychologist in that his work was largely involved with nonpsychiatric physicians. The next 50 years saw psychology lose its child centered concerns. The Veteran's Administration's psychology training program became the chief source of support for clinical training experience and culminated the move away from child centered interests. At this point psychology began a close imitation of the medical training concept wherein children were approached as small adults. It was inferred that clinical training could be adult oriented in theory and in experience, and the practitioner would easily transfer this experience to work with children. Programs dealing with children enjoyed a renewal in the Kennedy 1950's with support for training in Mental Retardation, school psychology's emergence and the beginning of the programs for the developmentally disabled. In 1967 Logan Wright wrote his article, "Pediatric Psychology: A Role Model," and started the movement toward the establishment of a new concern for children among psychologists. The history of our attention to children in America is not a

consistently strong one. The voiceless, voteless child has had his moment and lost it without knowing what brought about either response. The technical strength of America, its scientific achievements and its massive social system surely has made great progress in bettering the lot of children. We must look at the status of children in America today. How far have we come? Dr. Cicely Williams, a world famous pediatrician who identified Kwashiorkor and has devoted her life to maternal and child health programs says that America has a "stamp out" mentality toward health problems. Indeed, one thing we are doing is "stamping out" children in America. We have reduced the birth rate so that we have proportionally fewer children in our society but we now have proportionally more children living at a poverty level. Data from the National Council of Organizations for Children and Youth indicates that one in every four children in America is living in poverty. We have health care programs that have impacted on infant mortality but we still rank about sixteenth in the world in our mortality rate. In this time of federal health care programs - medicaid and medicare - the child has emerged as the forgotten patient. In 1974 the national health care expenditure per capita for the age group 0 to 19 years was $183 while the average expenditure for those 19 to 64 years was $420 and those over 65 was $1,218. One can see the power of having a vote in terms of health care dollars. In reality this reflects a lack of concern for preventive programs with the emphasis on "disaster insurance". Comprehensive and preventive programs for children have fared poorly in recent years. The great expectations have been replaced by cut-backs and "approved but not funded" decisions. The children and youth services that were to be comprehensive and grow to a network of total coverage have been cut nearly every year for the past five years. My personal experience suggests that the first services to be cut are psycho-social programs, followed by preventive programs, so that the end result is another emergency or episodic

care facility practicing the most inefficient costliest service - but that which replicates the adult model. This has a "double jeopardy" effect of making the target population even more skeptical of the program and increasing inefficiency. It is my belief that the target population of these programs has been exposed to so much bureaucratic inconsistency that they frequently fail to avail themselves of services because of past disappointments related to termination of services. This, to me, reflects the social learning theory phenomena of "failure-avoiding behavior". The NCOCY report has a quote from a mother of a target patient that may state the whole case: "My children have troubles. In school they tell them they need to have their eyes looked at and their teeth checked. They say I'm not feeding them the right food. I'm trying, I am, I'm going to do it. I'm going to get the children looked at someplace, in a hospital, and buy them the clothes that they need. All I lack is the money, then I can go and do those things that they tell you to go do, take the taxis and visit the teachers, and go to the hospital, and demand your rights at the welfare office, and all that." Is this what we come to today, telling you what to do for children but giving no means of doing it? It isn't all bleak but we are far from meeting known needs. For example, comprehensive health CARE for low income children was provided for 550,000 children in 1974 - the bad news is that we knew that 7,000,000 needed the care. Maternity and infant projects reached 175,000 in 1975 but there were 500,000 in need. The EPSDT program calls for "Early Periodic Screening Diagnosis and Treatment" for children and youth in low income populations. The program has been plagued with conceptual and functional problems so that in 1975 1.9 million children were served out of a population of 19 million. Even worse, the diagnosis rarely led to treatment. Of the screened population, 45% need services but only

60% of those in need received the service.

What is the state of education today. The first thing that comes to mind is massive cuts in budget support. Adults no longer feel the "luxury" of special educational needs and are protecting their tax dollar. I'm not sure this isn't fair, for how does one explain the phenomena of decreased school enrollment, increased school budgets and increased class size. Where are the teachers? No one is willing to say! Organizational moves have made education another union system run by adults for their protection and needs. In my home city we now have more "regional superintendents, curriculum specialists, screening committees, administrative assistants, etc., while we have cut out remedial reading teachers, elementary school counselors, school social workers, and have a larger average class size in spite of lower enrollment. There may be need for regional superintendents but don't the kids deserve something too. Somehow I hear echoes of "Let them eat cake".

What of social problems among today's children; what have we accomplished. It is not surprising that I see a similar pattern of non-change and adult defensiveness. Our juvenile social services are becoming regressive in response to adult concerns about behaviors of delinquents. We are still recovering from a Nixonia "law and order" hypocracy. We are still "processing" problem children but not treating or remediating them. Incidence of child abuse is up, adolescent suicide is up, adolescent unemployment and school truancy are up.

In 1965 Claude Brown wrote Manchild In the Promised Land. In it he described growing up in Harlem and the revolving door of the juvenile court system. Brown dedicated his book to the Wiltwych School and Eleanor Roosevelt for founding Wiltwych. In the book Brown is sent to Wiltwych after many

encounters with the social system without any treatment. At Wiltwych he has his first therapeutic experience and makes great progress. Unfortunately, the press for space returns him to the street too soon and after a good effort he has a failure and is again before the system. In court the judge tells Brown and his associates he is going to "give them a break" and put them on probation. Brown pleads for a return to Wiltwych but is told he is "getting a break" and being released. In the book Brown attacks the judge saying - "you aren't giving me a break. You can't do anything for me and so are sending me back to my problem". That was 1965. This year Claude Brown has written The Children of Ham. In it he describes teenagers in Harlem who have banded together to set up places of relative security for themselves and have banded together to help each other survive the environment. I don't think Claude Brown sees great progress by society in the last decade.

It would be nice to find psychology leading the way in meeting children's needs but we are no better than the rest. The cut in support for "preventive" services hit mental health services hard. It is estimated that only 10% of the children needing services were able to be treated. The National Institute of Mental Health reported in 1966 that 1,400,000 children needed psychiatric care but less than one in three were able to get the needed services. During this same period many children who received "psychiatric care" of a residential or institutional nature were being treated in State facilities for adults so that a child of 9 or 10 was on a hospital ward with 50 or 60 disturbed adults.

On a program level, psychology fought the battle of territoriality with other disciplines and fought over priorities among ourselves. We argued over the emphasis on preventive programs receiving support or should clinical services be supported. The question boiled down to should fireproofing be given

equal weight with putting out the fire. This is a weird argument if you happen to be a disturbed child. With all its technical skill and knowledge of child development and mental health, this nation continues a policy of treating rather than preventing mental illness because no one agency has the responsibility of assuring that treatment is received by those who need it. We research treatment models but not treatment delivery and utilization.

In the past two years the Council of the American Psychological Association has twice turned down petitions to recognize a division whose specific focus would be children and youth. The reason seemed to center on political issues - Council representation reallottment, loss of members from divisions with child related interests. There are valid questions to be asked about a new division but APA has recognized the special interests of military psychologists, psychotherapists, psychology and the arts, and puts forth special concerns for some minorities but not children.

The radical days of the early seventies are past. I don't advocate burning the capital or "offing the pigs". We have much to be proud of but much to do. To help us sustain a committment to our responsibility, we must have a clear picture of the problem. There has been much accomplished and there is more to do. We can be pleased by the growth of Pediatric Psychology. Starting in 1969 with a small group of interested or curious persons, we have grown to ten times our original numbers. When I was Secretary-Treasurer of the Society of Pediatric Psychology, we had 300 members. Three years later the group numbers over 600 members with an outstanding publication, active involvement in APA programs and a focus on the growth needs for our discipline. There is an active interest in training psychologists in Pediatric Psychology so that the children we serve will be beneficiaries of services of competent

professionals not practice subjects for those who must develop skills on their own initiative. The Society is in the midst of stressing the need for training resources and we must support recognition of these training programs by funding sources.

Another area that deserves consideration of our support as psychologists is the issue of a division in APA to deal specifically with children. The petition drive for a new division is again underway. There is indication of favorable potential in the Council of Representatives but after two close losses, we must make clear to the representatives our feeling. I urge you to familiarize yourself with the issues and support a position on the question.

As professional individuals we must examine the process of service delivery to children. Does it always respond to the rights of children or does it usually react to the authority of adults imposing on children. There are many and varied aspects to this question ranging from simple courtesy to ethical questions. We must look carefully at our service systems and judge whether they are optimally organized for the child-client or for the convenience of the professional. This involves questions of referral procedure, information availability, scheduling procedures and issues of confidentiality. Territoriality is usually imposed by adult bureaucrats but must we support or accept regulations that complicate effective service delivery. I'm sure that all of us have experienced the situation where an agency tells a parent that a child should have psychological testing but offers no means of getting this done. The schools frequently identify a problem child and tell the parent the child must have an evaluation to be in school or for placement in a special program but they provide no means of getting the service. Many times because of program restrictions of an economic, geographic or procedural nature, a parent is

bounced from agency to agency looking for the one who will see her child.

For the past three years Senator J. Glenn Beall has proposed legislation to establish a National Institute of Health Care Service Delivery. This agency would bring to service areas the same potential for support systems, research and recognition that the National Institute of Health provided in research. The bill has had a hard time in legislature but it deserves our consideration and participation in the area. Children stand to lose the most by discontinuity of service or program impermanence.

Pediatric Psychology through the early interests of Dr. Lee Salk has always been a leading advocate of the importance of educating parents on their role as parents. I believe we must make training for parenthood a priority and work toward programs that would be available in schools and medical facilities. We especially need programs aimed at the adolescent population. We have gotten to the point of having sex education but now we must realize that an important part of marriage is related to the effectiveness of parenting skills.

There are many roles in health care that are evolving or increasing in importance or prominence. Each year 200,000 newborns are born with birth defects. Psychology has an increased role in research and providing programs to facilitate the optimal development of these children. The Developmental Disabilities concept is an important opportunity for interdisciplinary skills to be brought to children's needs. The current competition between groups representing specific handicaps tends to stand in the way of progress. Learning disabilities, hyperkinesis and minimal brain dysfunction constitute an area of controversy that cries for a selfless scientific approach that will try to protect the child and meet his needs.

We can make our individual committment to better serve the children in our contact; this would be a valid beginning. I would like to ask that we

consider that the needs of children require a dedicated banding together to compete with the "benign neglect" that children have experienced. We need to become politically involved for the sake of children. We must become allies, advocates and lobbyist. On September 15th there is a meeting scheduled in Philadelphia to sign a Declaration of Rights for Children. This signing is in connection with a petition drive to create a cabinet level position to represent children. Be for or against these efforts but don't "cop out" on them and the children they seek to enfranchise.

It seems fitting to end this paper with another quote from the report of the Joint Commission on Mental Health of Children, "We blind ourselves to the fact that we create most of the social problems of our young which we so deplore - infants who fail to thrive, seriously disturbed children in mental institutions, adolescent drug addiction, acts of violence and destruction by youth". This is the message of this paper; we have created or allowed the creation of the problems of our children but we, like the mythical Phoenix, are also the potential for the resurrection of these children.

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